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PRD (12/03)

# REPORT OF DISABILITY

## PART II: APPLICANT AUTHORIZATION

Retirement Systems of Alabama  
P. O. Box 302150 • Montgomery, Alabama 36130-2150  
(334) 832-4140 or 1-800-214-2158  
www.rsa.state.al.us

Check One:

☒ ERS☐ TRS

Member Name:

Alverene D. Butler

Soc. Sec. No.:

418 - 82 - 8446

Date:

9 - 20 - 05

Month Day Year

Physician's Name:

Dr. Albert Lester

Address:

3091 Easton Ave, Suite B

(Street or P. O. Box)

Montgomery,

(City)

AL

(State)

36105

(Zip + 4)

### Authorization for Release of Information

I am applying for (check one)

- ☒ disability benefits from the Retirement Systems of Alabama  
☐ an annual disability review  
☐ early termination of DROP

I am required to obtain medical information to support my claim for benefits from my treating physician. This information will be provided to the RSA Medical Board members for the purpose of determining my eligibility for benefits. Therefore, I hereby authorize the release of my medical records to the RSA. Please mail the records directly to the RSA at the above address.

Signature of Applicant:

Alverene D. Butler

Address:

2137 Beverly Dr.

(Street or P. O. Box)

Montgomery,

(City)

AL

(State)

36111

(Zip + 4)

DEFENDANT'S  
EXHIBIT

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